

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-873)						SERIAL NO. <b>10/029-115</b>	FILING DATE <b>12/06/04</b>				
						APPLICANT(S) <b>12/06/04</b>					
						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2	/		/				52				
3		2		1			53				
4	/						54				
5		/					55				
6		/					56				
7	/						57				
8	/						58				
9	/						59				
10	/						60				
11	/						61				
12	/						62				
13	/						63				
14	/						64				
15	/						65				
16			1				66				
17				2			67				
18				2			68				
19				2			69				
20				2			70				
21				1			71				
22				1			72				
23				1			73				
24				1			74				
25				1			75				
26				1			76				
27				2			77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	12		2				TOTAL IND.				
TOTAL DEP.	4		17				TOTAL DEP.				
TOTAL CLAIMS	16		19				TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1350 (REV. 3-78)

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